

Apron Strings



Culinary Camp Release Form

Name: _____

I have the following food allergies: _____

I have the following special needs: _____

Emergency Contact Name and Telephone Number (include cell number if applicable):

WAIVER AND RELEASE: Although I realize that all KidsCook, Inc. (doing business under the name "Apron Strings") classes are conducted in a supervised environment, I acknowledge that there are risks associated with participating in food preparation activities and working in a kitchen. Accordingly, I hereby release KidsCook, Inc. and all its employees, principals, successors, and assigns (collectively, "KidsCook, Inc.") and agree to hold KidsCook, Inc. harmless for any injury, loss, or claim related to or arising out of attending a KidsCook, Inc. (doing business under the name "Apron Strings") class.

Signature _____

Print Name _____ Date _____

mail to:
1335 Guerrero Street
San Francisco, CA 94110

(415) 550-7976